December 14	Form A	SHIPPER 19110 02–27–89 f California—Health and Wolfare Agency See Ins pproved OMB No. 2050–2039 (Expires 9-30-91) print or type. (Form designed for use on elite (12-pitch typewriter).	tructions on Back of Page and Front of Page 7		Department of Health Services Toxic Substances Control Division Sacramento, California	
	1	UNIFORM HAZARDOUS 1. Generator's US EPA ID No WASTE MANIFEST CIAIXIO10101013	Document No.	1 1000	nformation in the shaded areas a not required by Federal law.	
	1000	3. Generator's Name and Mailing Address PARA PLATE			8293578	
		15919 SHOEMAKER., CERRITOS, CA 90702  4. Generator's Phone (213)404-3434		B. State Generato	ra ID	
0		5. Transporter 1 Company Name 6.	US EPA ID Number	C. State Transport	ers D CAUSTS	
1-800-852-7550		The state of the s	0 4 2 2 4 5 0 0 1	D. Transporter's P		
862		7. Transporter 2 Company Name 8. US EPA ID Number		E. State Transporter's ID		
8				F. Transporter's P	hone	
		Designated Facility Name and Site Address     10.	US EPA ID Number	G. State Facility's		
SAL		OMEGA RECOVERY SERVICES		CARAG	47214151901/1	
		12504 E. WHITTIER BLVD		H. Facility's Phone	The state of the s	
ŠŽ		WHITTIER, CA 90602 ICIAID	0 4 2 2 4 5 0 0 1			
IN CALIFORNIA		11. US DOT Description (Including Proper Shipping Name, Hazard Class, a	nd ID Number) 12. Cont	Type 13. Total		
		a. MACGINE ODER A N. O. C. NA 1000		1,750	State	
	G	WASTE ORM-A N.O.S NA 1693			EPA/Other	
) E	G E N	(FLEXOSOLVENT)	900	DIMOLOGIA		
	E	b.			State	
380	A				EPA/Other	
1-800-424-8802;	0					
	R	С.			State	
ģ					EPA/Other	
					State	
CENTER		d.				
		*	1 1 1	1 1 1 1 1 1	EPA/Other	
RESPONSE	B-COSCORUM	J. Additional Descriptions for Materials Listed Above		1 33	s for Wastes Listed Above	
				0/	b.	
SES				c	d.	
		#3				
NATIONAL						
AT		15. Special Handling Instructions and Additional Information			•	
본						
Ę						
3		GENERATOR'S CERTIFICATION: I hereby declare that the contents	of this consignment are fully and a	ccurately described	above by proper shipping name	
SPILL,		and are classified, packed, marked, and labeled, and are in all respec	ts in proper condition for transport	by highway accordi	ng to applicable international and	
S		national government regulations.  If I am a large quantity generator, I certify that I have a program in pla	ce to reduce the volume and toxic	ty of waste generate	d to the degree I have determined	
g		to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste				
5		generation and select the best waste management method that is ave	ilable to me and that I can afford.	975		
Ë		Printed/Typed Name	Signature		Month Day Year	
EMERGENCY OR	-	Frank E. Hernandez	FARE S. Steents		91311012101	
Z	T	17. Transporter 1 Acknowledgement of Receipt of Materials				
A	A	Printed/Typed Name	Signature	11	Month Day Year	
Ä	N S	JAVIER HERNANDEZ	of aren	Here	19310/1819	
iñ G	0	18. Transporter 2 Acknowledgement of Receipt of Materials			O	
CASE	R	Printed/Typed Name	Signature		Month Day Year	
2	E					
-		19 Discrepancy Indication Space				

Printed/Typed Name

ORP

FACILITY

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Month Day Year

1013101189